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CARER DISCOUNT

The full Council Tax is made up of a property element (50%) and a person element (50%). The full charge assumes that there are two (or more) adult occupiers and if there is only one adult occupier a discount of 25% may be claimed.

Certain people are 'disregarded' for Council Tax purposes – that is they are treated as if they are not resident, which can result in a discount.

A person normally resident in the property and who is a CARER will be disregarded if they satisfy either the conditions set out in PART I or in PART II of the schedule to the regulations:

Under Part I, a carer must be:

- (a) providing care or support through a connection with the Crown, a charity or a local authority;
- (b) employed for at least 24 hours a week;
- (c) paid no more than £44.00 per week; and
- (d) resident where the care is given or in premises which have been provided for the better performance of work.

Under Part II, a carer must be:

- (a) providing care for a person who is entitled to one of the following state benefits:
 - (i) an attendance allowance
 - (ii) the highest rate of the care component of a disability living allowance;
 - (iii) the appropriately increased rate of disablement pension;
 - (iv) an increase in a constant attendance allowance; and
- (b) resident in the same dwelling as the person to whom care is being provided;
- (c) providing care for at least 35 hours a week on average; and
- (d) not a disqualified relative of the person being cared for (a 'disqualified relative' is a person who is the spouse of the other or they live together as husband and wife, or the parent of the other, who is a child below 18 years of age).

IN ORDER THAT A DISCOUNT CAN BE CONSIDERED, PLEASE COMPLETE THE FORM OVERLEAF AND RETURN TO THE ABOVE ADDRESS.

NB Under Part I proof of carer's wage/salary is required.
Under Part II proof of the state benefit entitlement for the person receiving care is required.

Total number of adults aged 18 years or over who live in this property

Name and address of Carer

Name and address of person receiving care

Date of birth if under 18

Relationship of person receiving care to carer (please write NONE if no relationship)

If applying under PART I, please complete

Number of hours worked per week providing care

Name of Charity/Crown/or Local Authority that you work for or were introduced by:

If applying under PART II, please complete

Name of state benefit received by person receiving care:

DECLARATION AND SIGNATURE

WARNING: Deliberately giving false information could lead to prosecution

I declare that the information I have given on this form is complete and accurate to the best of my knowledge and I understand that West Lindsey District Council may check the information given.

Signature _____ Date _____

Full name in capitals _____

Data Protection – We are asking for this information in accordance with the provisions of the Council Tax (Administration & Enforcement) Regulations 1992 (Reg. 3) and the Data Protection Act 1998, S.29. It will be used to help us determine your liability for and collect your Council Tax. It may be shared with other sections of this Council, with other Councils and with other public bodies to determine eligibility for Housing Benefit, liability for Council Tax, to collect Council Tax, to assess and collect other Taxes and Duties, to help detect and prevent fraud, to help detect and prevent crime and to carry out public duties.